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March 10, 2016

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Pooted: \_\_\_\_\_\_

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Date: 3/15/16

Time: 11.41

#### Sent via FedEx

Ms. Jocelyn Boyd, Chief Clerk South Carolina Public Service Commission 101 Executive Center Dr., Ste 100 Columbia, SC 292108

Re: Tempo Telecom, LLC FCC Form 555

Dear Sir/Madam:

Pursuant to 47 C.F.R. §54.416(b), enclosed please find for filing a copy of Tempo Telecom, LLC's FCC Form 555, Annual Lifeline Eligible Telecommunications Carrier Certification Form, filed with USAC through its online reporting system.

If you have any questions, or if I may provide you with additional information, please do not hesitate to contact me at 816-300-1049 or angela.hoke@birch.com.

Respectfully submitted,

Angela Hoke

Manager, Regulatory & Legal

Enclosures

RECEIVED

MAR 14 2016

PSC SC MAIL / DMS 249026

Study Area Code (SAC)

# Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

SC	Tempo Telecom LLC			
State	ETC Name			
Tempo	Birch Equity Partners, LLC			
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)			
Does the reporting company have affiliated ETCs?  Provide a list of all ETCs that are affiliated with the reporting ETCs.	TC, using page 4 and additional sheets if necessary. Affiliation shall be			
owns or controls, is owned or controlled by, or is under common C.F.R. § 76.1200.	ons Act. That Section defines "affiliate" as "a person that (directly or indirectly) ownership or control with, another person." 47 U.S.C. § 153(2). See also 47			
Affiliated ETC's SAC	Affiliated ETC's Name			
formation, or other similar legal document. An office laws (or partnership agreement), and would typically be	ant of a position listed in the article of incorporation, articles of its a person who occupies a position specified in the corporate byte president, vice president for operations, vice president for finance filer is a sole proprietorship, the owner must sign the certification.			
I certify that the company listed above has certification				
A) Review income and program-based eligibility documents	mentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household			
B) Confirm consumer eligibility by relying upon acc Lifeline administrator prior to enrolling a consumer	cess to a state database and/or notice of eligibility from the state in the Lifeline program.			
I am an officer of the company named above. I am at above.	uthorized to make this certification for the Study Area Code listed			
Initial SGM				

### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	, Č	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
995	. 0 .	259	468	268

#### Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of incligibility from ETC recertification attempt
268	76	192	0	192

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial SGM

#### AND/OR

B.)	I certify that the company listed above has procedures in place to rec	certify cons	sume	r eligibilit	y by r	elying or	n:	
	<u> </u>	Results	are	provided	in th	he chart	above	in
	Blocks K through L. I am an officer of the company named above.	. I am auth	orize	d to make	this c	ertificat	ion for t	he
	SAC listed above.							
	Initial ———							

Į	U	Į	K	

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

#### Section 3: Desenfoll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$Q \equiv ((N \pm M) \pm 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC  (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or incligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
268	192	71.64%

#### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes 👩

No 👩

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	24
March	. 44.
April	.35
May	43
June	48 .
July	80
August	99
September	74
October	257
November	172
December	150
Total Subscribers	1065

## Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer

scott.murphy@birch.com

Email Address of Officer

Sharyl D. Fowler

Printed Name and Title of Officer

01/26/2016

Date

478-476-1180

Contact Phone Number